CCSD's

DISABILITY INFORMATION SHEET

No. 14
2004

Persons with Disabilities and Health

In this 14th edition of the *CCSD's Disability Information Sheets*, we provide statistics on persons with and without disabilities and a number of health conditions. Data for this *Information Sheet* come from the Canadian Community Health Survey (CCHS), conducted by Statistics Canada in 2000-2001.[1]

In *Information Sheet 13*, we provided information concerning contact with medical professionals and alternative health care providers which indicated that persons with disabilities were more likely than those without disabilities to have had such contact. In this edition, we examine a number of health conditions for which individuals might seek health care. Overall, we find that persons with disabilities tend to have higher rates for a wide range of health conditions than do those without disabilities.

OVERALL HEALTH

Underlying health conditions often lead to disability. It is quite possible, however, to have an underlying health condition yet not have an activity limitation. Similarly, many individuals with disabilities or activity limitations have no underlying health condition.

According to the 2000/01 CCHS, 32% of persons with disabilities aged 12 and older believed that they were in "very good to excellent" health. While this is a lower than the 70% of persons without disabilities who rated their health so positively, it still represents nearly one-third of all persons with disabilities. In addition, another one-third of persons with disabilities rated their health as "good," and just over one-third (35%) rated their health as "poor to fair." For some, ill health may be the underlying cause of their disability; for others, it may just be a complication that co-exists with their disability. Whatever the relationship between overall health and disability, the data presented here indicate that persons with disabilities are more likely than those without disabilities to have a variety of chronic health conditions.

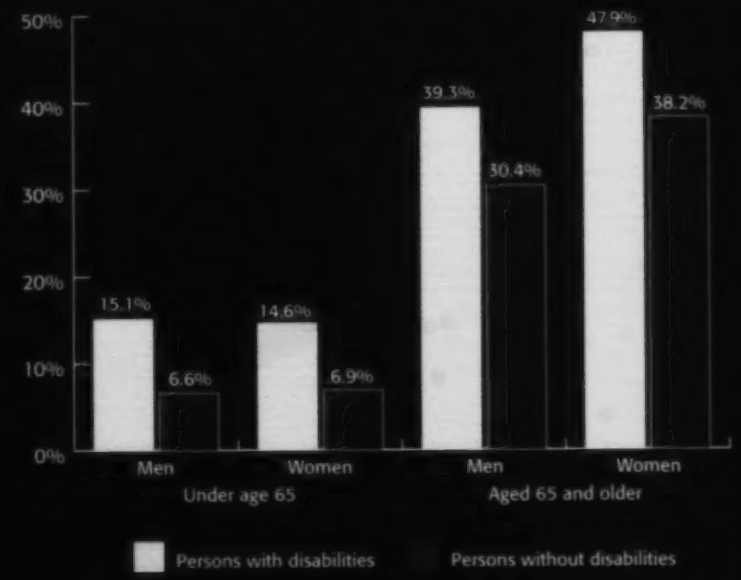
[1] The CCHS contains health-related data on persons aged 12 and older from all provinces and territories, except those living on Indian reserves, Canadian Forces bases, and some remote areas. With a survey response rate of 84.7%, the sample size was 131,535. Data collection began in September 2000 and continued over a 14-month period.

HEALTH CONDITIONS

High Blood Pressure

- During 2000/01, persons with disabilities were more likely than those without disabilities to report that they suffered from high blood pressure. Overall, 22% of persons with disabilities reported having high blood pressure, compared with 10% of persons without disabilities. (For more information on high blood pressure, see the website of the Canadian Coalition for High Blood Pressure Prevention and Control at www.canadianbpcoalition.org/english/)

Figure 1 **Rates of High Blood Pressure, by Age and Gender, 2000/01**



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's *Canadian Community Health Survey*, 2000/01.

- Some, but not all, of these differences are linked to age. Rates of high blood pressure are higher among seniors than among those under age 65, regardless of disability. However, persons with disabilities have higher rates within any age group. Women tend to have higher rates of high blood pressure than do men, and women aged 65 and older with disabilities have the highest rates of all – with nearly half (48%) reporting high blood pressure (compared with 38% of senior women without disabilities; 39% of senior men with disabilities; and 30% of senior men without disabilities).[2]

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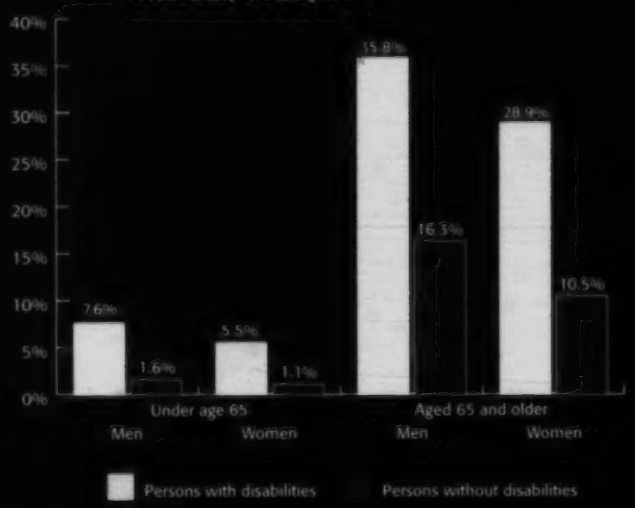
2 The chances of developing high blood pressure increase steadily with age, both for persons with and those without disabilities. However, within every age group, it is persons with disabilities who have the highest blood pressure rates. Among persons with disabilities, the rate of high blood pressure was 9% among those aged 35 to 44; 20% among those aged 45 to 54; 35% among those aged 55 to 64; and 44% among those aged 65 and older. Among persons without disabilities, the rate of high blood pressure was 5% among those aged 35 to 44; 12% among those aged 45 to 54; 23% among those aged 55 to 64; and 35% among those over the age of 65.

Heart Disease

- Persons with disabilities are more likely than those without disabilities to have heart disease, and the incidence of heart disease is much higher among seniors than non-seniors, regardless of disability. Even among seniors, however, those with disabilities are more than twice as likely to report heart disease. (For more information about heart disease, see the Heart and Stroke Foundation's website at www2.heartandstroke.ca/Page.asp?PageID=24.)

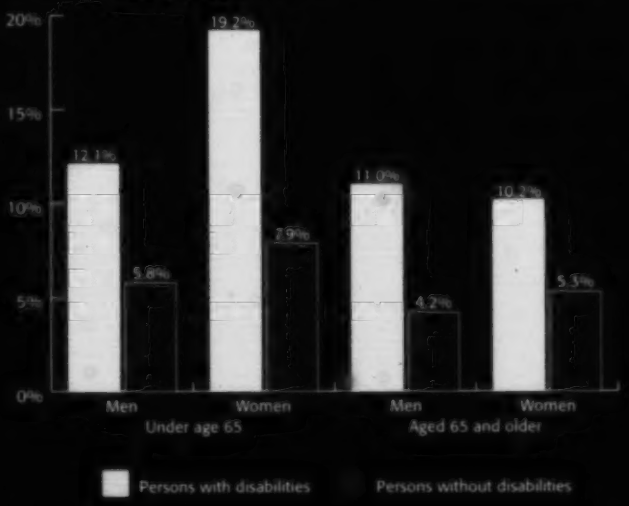
- The occurrence of heart disease was highest among men with disabilities aged 65 and older (at 36%, compared with 16% among senior men without disabilities) and second highest among senior women with disabilities (at 29%, compared with 11% of senior women without disabilities).[3]

Figure 2 **Rates of Heart Disease, by Age and Gender, 2000/01**



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's *Canadian Community Health Survey*, 2000/01.

Figure 3 **Rates of Asthma, by Age and Gender, 2000/01**



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's *Canadian Community Health Survey*, 2000/01.

Asthma

- Persons with disabilities are about twice as likely as those without disabilities to have asthma. (For more information on asthma, see the Asthma Society of Canada's website www.asthma.ca/.)

[3] Age is an important factor when examining heart disease. As age increases, so too does the prevalence of heart disease. Rates of heart disease for persons with disabilities begin to climb quite noticeably after the age of 45. Based on 2000/01 data, 8% of 45- to 54-year-olds with disabilities had heart disease; this climbed to 17% among those aged 55 to 64 with disabilities, and to 32% among those aged 65 and older with disabilities. Among persons without disabilities, the rate of heart disease was 2% among those aged 45 to 54, 5% among those aged 55 to 64, and 13% among those aged 65 and older.

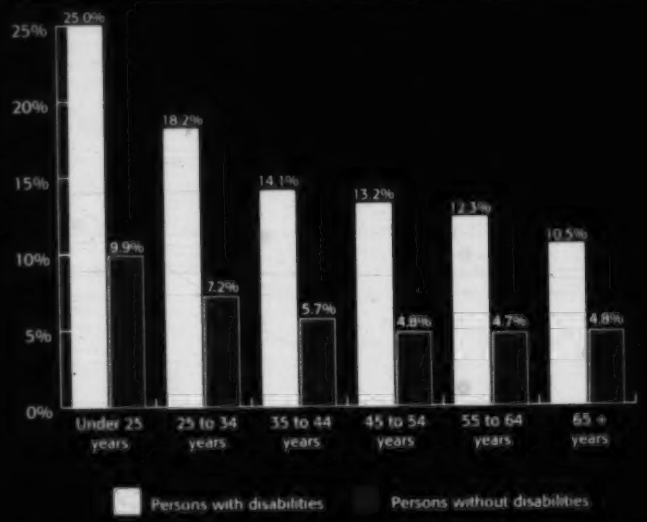
- Unlike other health conditions examined here, asthma is more likely to affect non-seniors than seniors. Among women with disabilities aged 12 to 64, 19% reported asthma, compared with 8% of their non-disabled counterparts. Among men with disabilities aged 12 to 64, 12% reported asthma, compared with 6% of their non-disabled counterparts.

- Asthma rates among persons with disabilities aged 35 and older ranged from 14% to about 11%.

- If we examine smaller age groups, this relationship becomes even more pronounced and it is particularly strong among persons with disabilities.

- Larger differences are evident among those under age 35. For example, 18% of those aged 25 to 34 with disabilities reported having asthma, as did 25% of those aged 12 to 24. This means that fully one-quarter of young people aged 12 to 24 with disabilities are dealing with asthma.

Figure 4 **Asthma Rates, by Age Group, 2000/01**



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's *Canadian Community Health Survey*, 2000/01.

Arthritis/ Rheumatism

- Perhaps the greatest differences between persons with and those without disabilities can be found in rates of arthritis/ rheumatism. Persons with disabilities are much more likely than those without disabilities to report having these painful, chronic conditions. (For more information on arthritis/ rheumatism, see The Arthritis Society's website at www.arthritis.ca/custom%20home/default.asp?s=1)

- Even among those under age 65, we can see that arthritis/ rheumatism affects a fairly large proportion of persons with disabilities. Among men under 65 without disabilities, about 5% reported arthritis/ rheumatism; among their disabled counterparts, however, the rate of arthritis/ rheumatism that was nearly five times higher, at 24%. Among women under age 65 without disabilities, 8% reported arthritis/ rheumatism, while their disabled counterparts reported a rate nearly four times higher, at 31%.

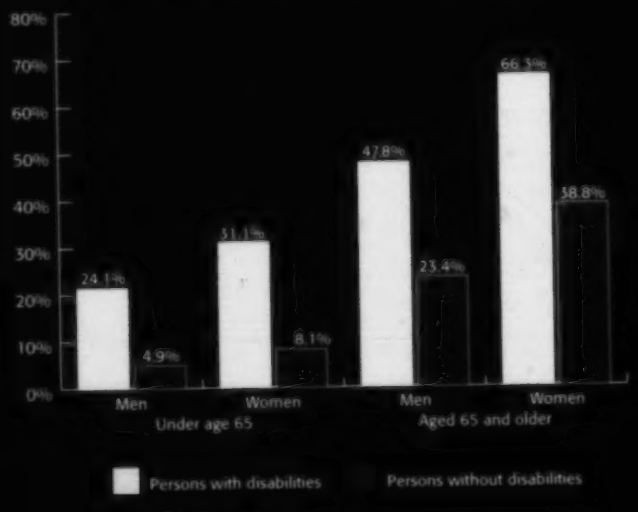
- As age increases, so too does the incidence of arthritis and rheumatism, particularly among persons with disabilities, and women continue to have a higher incidence than do men. About two-thirds (66%) of women with disabilities aged 65 and older reported arthritis/ rheumatism, compared with 39% of their non-disabled counterparts. Close to one-half of senior men with disabilities (48%) reported arthritis/ rheumatism, compared with less than one-quarter (23%) of their non-disabled counterparts.

- Arthritis/ rheumatism may not necessarily have a disabling affect on all individuals. As well, it may be only one contributing factor to those who have it and have a disability. It is obvious, however, that a very large proportion of the senior population with disabilities – and women in particular – are living with arthritis/ rheumatism, and the condition is likely to be an important contributing factor to their disability.

- Data from the recent Participation and Activity Limitation Survey (2001) indicated that disabilities related to pain affect a very high proportion of persons with disabilities. In fact, disabilities connected with pain were the second most prevalent type of disability, affecting approximately 70% of all persons with disabilities. (Mobility disabilities, which affect about 72% of all persons with disabilities, were the most prevalent.) In addition, pain- related disabilities are typically accompanied by other types of disabilities – particularly, mobility and agility. (See *The Daily*, Statistics Canada, December 3, 2002 at www.statcan.ca/ Daily/English/021203/ td021203.htm.)

- Previous surveys of this type (such as the Health and Activity Limitations Surveys of 1986 and 1991) did not provide data on pain as a type of disability. In future *Information Sheets*, we hope to explore the connection between pain-related disabilities and other types of disabilities (in particular, agility and mobility). These results seem to indicate that as Canadians age, arthritis and rheumatism are likely to be important factors in disability.

Figure 5 **Rates of Arthritis/ Rheumatism, by Age and Gender, 2000/01**



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's *Canadian Community Health Survey*, 2000/01.

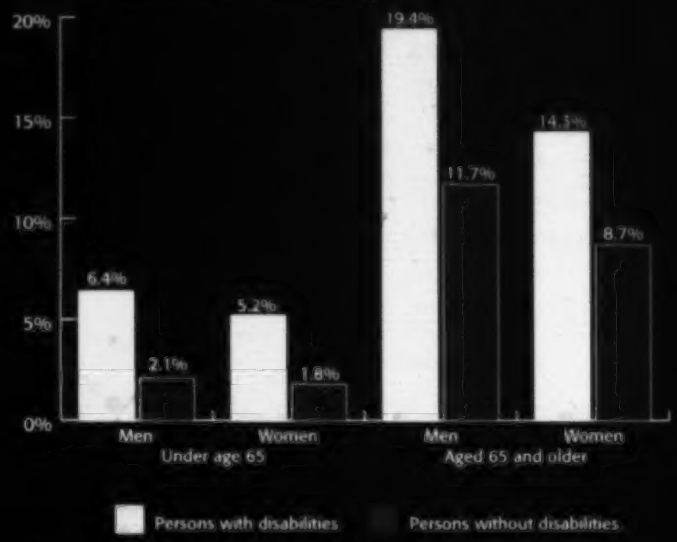
Diabetes

- Diabetes is a chronic disease with no cure. A range of disabling complications can be connected with diabetes including: blindness; non-healing foot ulcers leading to amputation; kidney disease; and digestive problems. (For more information on complications from diabetes, see The Canadian Diabetes Association's website at www.diabetes.ca/ Section_ About/ ComplicationsIndex.asp.)

- Persons with disabilities are more likely than those without disabilities to have diabetes, and this is particularly pronounced among seniors. Among senior men with disabilities, nearly one in five (19%) reported having diabetes, compared with 12% of their non-disabled counterparts. Among senior women with disabilities, 14% had diabetes, compared with 9% of their non-disabled counterparts.

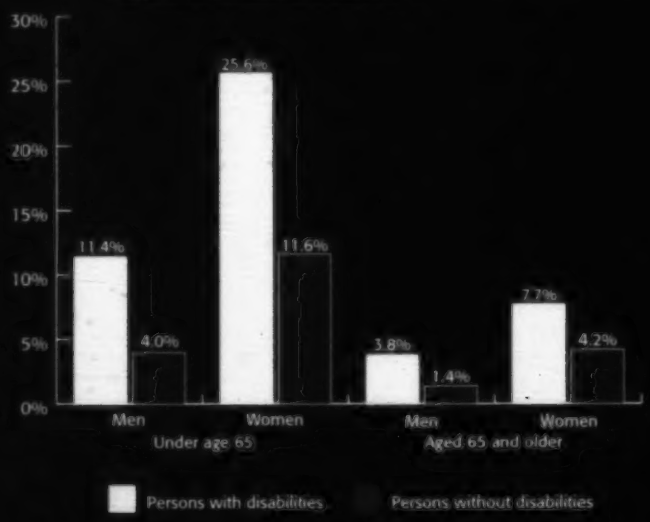
- While diabetes does not always limit a person's activities to the point of disability, it is certainly an important complicating factor – particularly among seniors.

Figure 6 **Rates of Diabetes, by Age and Gender, 2000/01**



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's *Canadian Community Health Survey*, 2000/01.

Figure 7 **Rates of Migraine Headaches, by Age and Gender, 2000/01**



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's *Canadian Community Health Survey*, 2000/01.

Migraines

- Migraine headaches are another chronic condition that can have a disabling impact. (For more information on migraines, see the website of the World Headache Alliance at www.w-h-a.org/wha2/index.asp. Also see "Migraine" by Heather Gilmour and Kathryn Wilkins in Statistics Canada's *Health Reports*, Vol. 12, No. 2 at www.statcan.ca/Daily/English/010223/d010223a.htm.)

- Migraines are more likely to affect women, persons under age 65, and those with a disability. About one-quarter (26%) of women under age 65 with a disability reported having migraines, compared with 12% of their non-disabled counterparts. Among men under 65, 11% of those with disabilities and 4% of those without disabilities reported having migraine headaches.

- For some people, the impact of migraines is not disabling. For others, however, and particularly women under the age of 65, it is an important complicating factor. It is likely that migraines also contribute to pain-related disabilities.

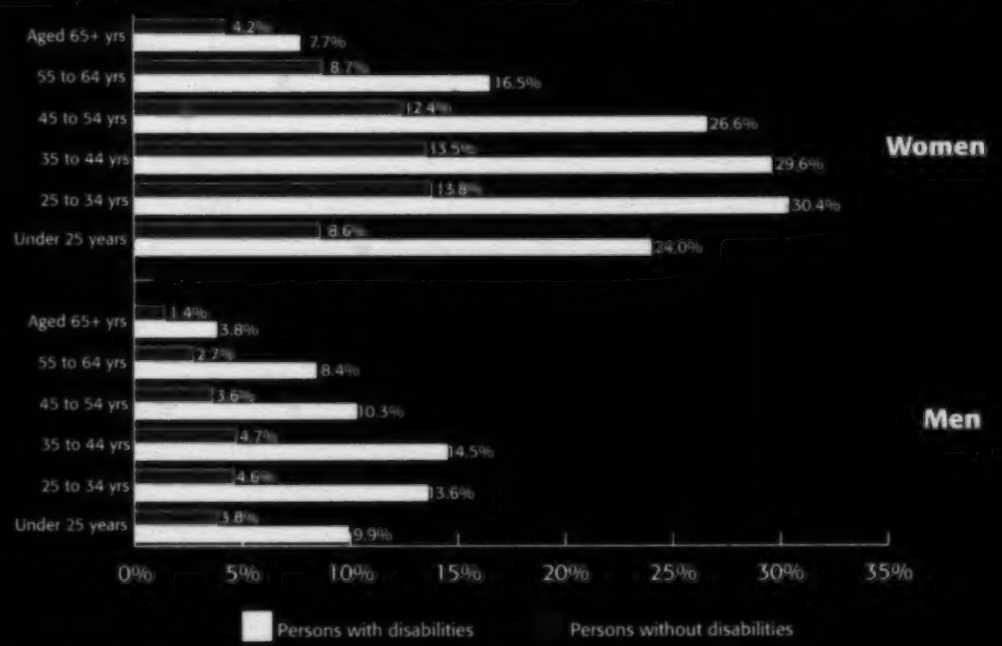
- The age and gender differences in the incidence of migraines among those with disabilities (and those without disabilities) is even more evident in Figure 8. While it appears that having migraines is not disabling to all persons, they are certainly a very important factor when examining disability, particularly among women aged 12 to 54.

Cataracts

- Cataracts affect a fairly high proportion of Canadians over the age of 65. Senior women with disabilities have the highest rate of cataracts, with nearly one-third (32%) reporting being affected, compared with 18% of their non-disabled counterparts, and 23% of senior men with disabilities.[4]

- While cataracts can lead to vision loss and disability, they are often treatable. (See the Canadian National Institute for the Blind's website for more information on cataracts: www.cnib.ca/eng/eye_con/cospubs/cataract.htm.)

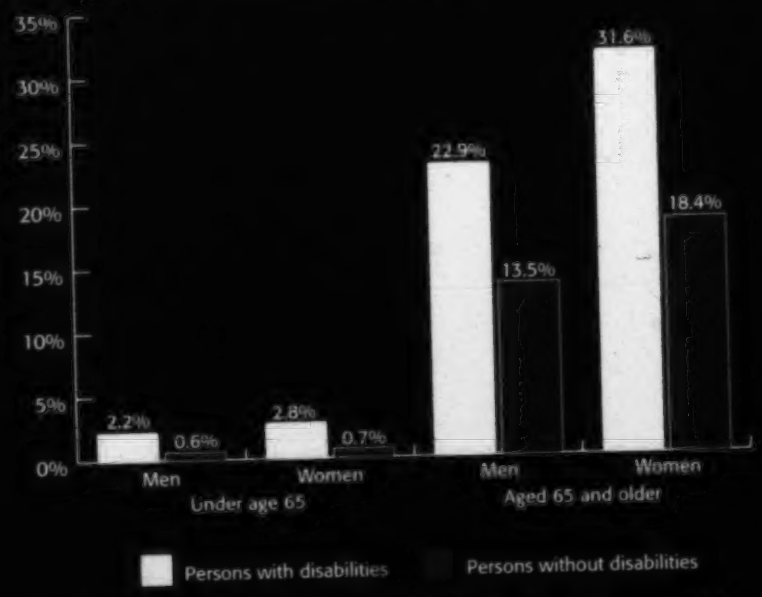
Figure 8 Rates of Migraine Headaches, by Age Group and Gender, 2000/01



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's *Canadian Community Health Survey*, 2000/01.

[4] The incidence of cataracts continues to increase after age 65 as well. For example, among those aged 65 to 74 with disabilities, 21% reported cataracts; among those aged 75+, 34% reported cataracts. Over the next 20 years, we will likely continue to see large increases in rates of cataract surgery to combat vision loss.

Figure 9 **Rates of Cataracts, by Age and Gender, 2000/01**



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's *Canadian Community Health Survey*, 2000/01.

SUMMARY

Chronic conditions and diseases do not always result in disability. For some individuals, some of these conditions can be mild or effectively treated. In other cases, however, individuals may simply be in the early stages of the disease and may become disabled as time goes by. It is clear that chronic conditions and diseases figure prominently in the lives of many people with disabilities, and the rates of all chronic diseases examined here are higher among those with disabilities than among those without disabilities.

Some conditions and diseases are more likely to have an impact on seniors – such as arthritis/rheumatism, high blood pressure, heart disease, diabetes, and cataracts. As our population begins to age, this trend poses some concerns because the overall rates of many of these chronic conditions and diseases are likely to increase quite dramatically in the future – and rates of disability along with them.

Other conditions, such as asthma and migraines, are more likely to be found in the younger population. What remains to be seen, however, is what will happen to these affected individuals as they age.

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